New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

May-June 1988

Recovery room delivers acute, high-intensity care

"Our recovery room is different from any other hospital's," says Diane Gulczynski, R.N., director of Nursing/Surgical Services. "It really is an acute, critical care area for post-anesthesia patients, many of whom have had very involved surgical procedures and may be at high risk for complications."

In most hospitals, the recovery room is a short-stay area where routine surgical patients wake up from anesthesia; any critically ill patients are taken directly to an intensive care unit. At the Deaconess, however, the routine patient is the exception. Patients who have undergone open heart surgery, liver transplants, or major abdominal and vascular operations need intensive monitoring and frequent interventions. Even those whose procedures are relatively simple might have diabetes, heart disease, or other conditions that necessitate especially close monitoring.

"Our nurses provide aggressive, problem-oriented care."
— Diane Gulczynski, R.N., Director of Nursing/Surgical Services

Recovery room nurses Jeanne Cahill, R.N., (right), and Lori Norris, R.N., assess the condition of a patient just brought from surgery, while listening to a report of the operation from David Goudreau, C.R.N.A., nurse anesthetist.

Gulczynski says, "Sometimes patients must stay in the unit for a day or two because they may need immediate access to the operating room. Our nurses provide aggressive, problem-oriented care. High-level decisions are made rapidly and treatment rendered promptly."

When a patient is brought from an operating room to the recovery room, an immediate, complete physical assessment is carried out. Nurses assess and record the patient's current condition—consciousness, pain, breathing, heart rate, blood pressure, and incision status—while simultaneously listening to a report of what happened during the procedure from the OR nurses and anesthesiologist. As long as the patient remains in the unit—from a few hours to several days—the nurses continue to check and record vital measurements at frequent intervals.

"The situation can change immediately, and a patient who was doing well can suddenly be in trouble," says Christine LaMorte, R.N., evening nurse. "Recently I had a patient who had a very simple operation, but her blood pressure kept dropping and her heart rate going up. She was hemorrhaging and had to go back to the OR. She ended up just fine, but she knew what was happening and was in pain. So we reassured and supported her, as well as taking care of her immediate physical problem."

Nurses provide this sort of emotional support while constantly struggling to keep up with an extremely heavy caseload. Kimball Atwood, M.D., anesthesiologist and medical director of the recovery room, says, "On a recent Friday evening, when most hospitals' recovery rooms would be empty, we had 11 patients. Ten were intubated; two were on aortic balloon pumps; some had pulmonary artery

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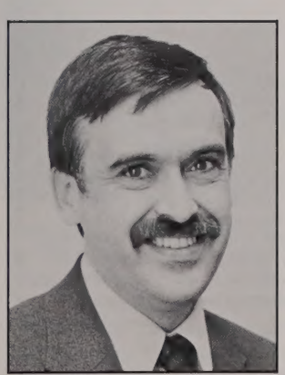


William J. Robinson

Robinson named chief financial officer

William J. Robinson has been appointed chief financial officer and senior vice president of Finance for the Deaconess. Robinson previously worked as chief financial officer and senior vice president at Valley Regional Health System in Methuen. He also has worked at Leonard Morse Hospital in Natick and the Memorial Hospital in Worcester.

Robinson will oversee the financial functions of the hospital, such as accounting, billing, reimbursement, budgeting, and patient accounting. Maintaining the hospital's relations with the financial community also will be a vital part of Robinson's job.

"I am enthusiastic about working at a major teaching facility such as the Deaconess," says Robinson. "I am currently examining the issues we are facing and will start outlining my goals for the first year. I hope to incorporate my knowledge of the Massachusetts health care reimbursement system to the benefit of the hospital."

Robinson currently is president of the Massachusetts Healthcare Financial Management Association and works extensively on health care legislation. Active also in the Massachusetts Hospital Association (MHA), he serves as chairman or member of several MHA committees.

He holds a bachelor's degree in business administration from Northeastern University and a master's degree in business administration from Nichols College.

Renovated Gift Shop features expanded selection

The Deaconess Gift Shop reopened in March after a month-long renovation that completely changed the look of the facility. The new shop features more open space; a brighter, more modern decor; and greater flexibility for merchandise display.

"The shop has always been very successful," says Anna Jean DeMaio, Gift Shop manager. "But the environment had become cluttered. The arrangement of racks made it difficult for customers to move around, and the back room was extremely disorganized."

The new shop features slat walls, from which clear display shelves are hung. The shelves can be rearranged any time the merchandise selection is changed. Two cash registers are located at the central showcase, and the flower chest has been moved to the front of the shop, to be more visible to passersby. New wall coverings, carpet, ceiling, and lights—as well as more exposed window space—make the shop much brighter.

Anna Jean DeMaio, Gift Shop manager (center), chats with volunteer Irene Glick at the central showcase in the renovated Gift Shop.

All costs associated with the renovation were paid by the Friends of the Deaconess, who have operated a Gift Shop to raise funds for the hospital since 1954 (see accompanying article).

"Before the renovation, we did a survey of employees and Gift Shop patrons to find out what they liked about the shop and what changes they'd like to see," says DeMaio. "The results showed the need for four things: less expensive merchandise, a better selection of greeting cards, extended hours of operation, and the addition of magazines."

As a result of the survey, the shop has shifted the price range of gift items, with the majority falling in the $5 to $20 range, while continuing to stock a few of the more expensive, high quality items. "We want to have a constant flow of new things in giftware, to have a lot of change and variety in the shop," she says.

Several magazines now are offered, and the selection of greeting cards has been expanded and diversified. Extended hours, which were successfully tried during the holiday season, will be instituted in the evenings during the coming months. DeMaio says, "Many employees and visitors are still here after our current closing time. With evening hours we'll be able to serve their needs and enhance the shop's profits."

Alice Thompson, assistant manager, arranges greeting cards in the new racks (near right). The new shop carries a much wider selection of cards than was available before the renovation (far right).

Gift Shop successful Friends project for more than 30 years

The Deaconess Gift Shop began in 1954 as a small flower shop in a corner of the lobby of the newly-constructed Central (now Farr) Building. Throughout its history, the shop's substantial profits have been donated to the hospital by the Friends of the Deaconess.

"The first shop was run by Mrs. Sheldon Wardwell and Mrs. Charles Lamb, in cooperation with Pam Whitney Swift who was the head of volunteers at that time," says Dorothy-Lee Jones Ward, chairman of the shop for the Friends and former president of the hospital's auxiliary. "Small gifts were soon added to the selection of flowers, and in 1955 they were able to donate $1,000 to the hospital from the shop's profits."

In 1967, she explains, the Friends were asked to move the Gift Shop into its current space, which was occupied by a hospital-run drug store. The Friends board of directors loaned the shop $15,000 for major reorganization and renovation, and the shop was formerly opened in September 1970, under the management of Mercedes Voleck and Bert Castles, who had managed the drug store.

In the ensuing years, the shop's income and resulting gifts to the hospital have grown; from $5,200 in 1973 (the year after the loan was repaid), to $26,000 in 1975, to $87,000 in 1987. After paying for the current renovation, which is expected to cost more than $65,000, the Friends hope to be able to make an additional gift this year.

"We've always tried to sell a very fine line of gifts, cards, and flowers," Dorothy-Lee Jones Ward says. "The shop also is a place where visitors, patients, and employees can come, browse, and relax. The volunteers who work there are always friendly and helpful. It's a very pleasant atmosphere, a nice place where people can enjoy shopping."

In 1970, Dorothy-Lee Jones Ward, then-president of the Friends of the Deaconess, and Mercedes Volek, Gift Shop manager, display merchandise in the shop, which had just moved into its present location.

Hurley and O'Keefe named department heads

Noreen Hurley

Eva O'Keefe, R.Ph.

Two Deaconess employees recently were named department heads. Noreen Hurley is now manager of Patient Registration, overseeing the Admitting, outpatient registration, lobby information, and doorman services. Eva O'Keefe, R.Ph., has been promoted to manager of the Pharmacy Department.

Hurley began at the hospital in 1971, working part time while a student at Emmanuel College. For many years she worked in the booking office, which was responsible for reserving and managing patient beds. In 1986, booking combined with part of patient service to form a new Admitting Department, of which Hurley was associate manager.

"The major responsibility of the Admitting and outpatient registration areas are to gather and coordinate accurate financial information about our patients," Hurley says. "We're going to be working on improving the flow of patient information, which will enable bills to be processed more quickly and accurately. And when we identify possible problems with insurance and reimbursement early, the hospital can work with patients to develop payment plans."

Admitting also cooperates with Quality Assurance in the preadmission testing program, through which patients have preliminary tests and examinations done as outpatients, reducing length of stay and hospital costs. A new clinic, to be established in the coming months on Deaconess 2, will bring together all the services needed for preadmission and admission testing.

"Right now patients have to go to one place for blood tests, another for x-rays, and a third for the physical exam. The centralized testing site will make things easier for everyone," Hurley says.

Because providing medical care has become more closely regulated by insurers, the responsibilities of the Admitting and outpatient registration areas have grown enormously. "Ten years ago when a patient was admitted all you needed was the name and Blue Cross number. Today you have to get preapprovals, precertifications, and there are endless forms to fill out. The policies are always changing, and it's a constant challenge to keep up," Hurley says.

In addition to her bachelor's degree from Emmanuel, Hurley also holds a masters in business administration in health care management from Boston University.

"I'm extremely blessed with the people in this department. We have a tremendously strong staff, many of whom have worked here for a long time. "I've also received a lot of support as a working mother. Balancing the needs of a job and family life is difficult, but it can be done. I've been given a lot of opportunity at the Deaconess, and I appreciate it."

O'Keefe joined the Deaconess Pharmacy staff in 1977, became a supervisor in 1983, and was named assistant manager in 1985. As manager, she supervises the department's 74 employees, including pharmacists, administrative support, and a large technical staff. In addition to the central pharmacy in the basement of the Palmer Building, the department also operates satellite pharmacies on Farr 3 and Farr 6.

"Our department's strength is in the intravenous admixture area," she says. "We provide one of the most comprehensive services in the Boston area. In addition, we've developed a very good hyperalimentation service, which has been possible because of our close relationship with the nutrition support service. Physician support is vital to most of our programs, and they've been very forthcoming.

"We work constantly with Nursing to improve drug distribution systems. ODISY [the hospital's computerized patient information system] enables us to keep the medication profile current with the nursing profile, which increases safety in dispensing medications to patients. The computerization of the Pharmacy soon will be increased, which will further enhance safety and efficacy."

Other plans for the Pharmacy include renovations to the Palmer basement pharmacy, with replacement of outdated equipment, and the development of prospective drug utilization review. By assessing the appropriateness of patients' medication therapy before discharge, pharmacists may find instances where medication can be discontinued. The department is seeking outside grant funding to pursue this project in the coming year.

O'Keefe holds a bachelor's degree from Northeastern College of Pharmacy and will soon receive a master's in business administration from Northeastern.

She says, "There have been a lot of changes over the past year, and sometimes that can be frightening for many people. But it's not always a bad thing. We've had very positive changes, with more cooperation among physicians, nurses, and pharmacists to improve patient care. My staff members are conscientious and interested in the Deaconess and its patients. That's the kind of support managers need to do their jobs well."

Sign in for safety program kicks off

A "Sign In For Safety" program was started in February to help improve the level of safety within the hospital, especially at night after regular visiting hours. In response to employees' requests for tighter security on evenings and nights, the policy calls for everyone entering the hospital between the hours of 9 p.m. and 5 a.m. to show a hospital ID badge or sign in on a daily sign-in sheet.

"Thanks to everyone's cooperation, the hospital environment is a safer place for all of us," says Judith Miller, R.N., senior vice president for Nursing who coordinated the program.

Governor Dukakis signs health care bill into law

Approximately 25 Deaconess employees, carrying bright blue helium balloons that read, "Deac for Duke . . . on the health bill," were among the 1,500 participants at the State House when Governor Dukakis signed the state's health care bill into law on April 21.

With the signing of the bill, Massachusetts becomes the first state in the nation to assure universal access to health insurance for its more than 600,000 uninsured citizens. The law also provides a much needed four-year financing mechanism for hospitals. Hospitals had been operating under an informal agreement since October 1 when the state's existing law expired. Additional dollars were urgently needed to avert a serious financial crisis.

Three major parts of the bills will affect hospitals:

1) The increase in hospital charges to private payors will be limited to an annual statewide increase of $289 million in fiscal year (FY) 1988; $262 million in FY 1989; and $195 million in FY 1990 and FY 1991. These hospital rate increases represent medical inflation plus 2 percent and adjustments for changes in volume; the increase also permits passthroughs for capital costs, government mandates, and malpractice costs.

2) The Commonwealth will help offset hospital losses attributed to federal Medicare cutbacks up to $50 million per year from FY 1988 to FY 1991.

3) Hospitals with low occupancy rates will be offered incentives to close, consolidate, or convert to other community uses. Allowable hospital rates will no longer cushion hospitals with falling occupancy. Excess beds will be delicensed, but a process will be available to relicense the beds when needed.

"There is a good side and a bad side to the legislation," says David Lagasse, director of Financial Planning. "Under the new law, hospitals that operate efficiently will be rewarded for that efficiency, but hospitals that do not make substantial efforts to maintain high occupancy, to reduce length of stay, and to improve cost containment will decline at a more rapid rate. Based on our performance over the past several months, the Deaconess is heading in the right direction, but we need to keep that momentum going."

Deaconess employees (from left) Charmaine John, Medical Records; Patsy Rossetti, Respiratory Therapy; Mary Lane, R.N., Nursing; and Helena Fonseca, External Resources, at the State House to celebrate the Governor's signing of the new health care bill.

Recovery room *(continued from page 1)*

catheters; and one was on an LVAD [left-ventricular assist device, a temporary heart pump used to help the heart muscle recover from traumatic surgery]."

Nancy Sweeney, R.N., nurse manager, says, "Most of our nurses have been here for many years, and their level of experience is higher than you'd find at other hospitals."

This high level of experience is reflected in the calm way in which the nurses deal with what can be a very chaotic atmosphere. During the day there is a constant flow of new patients, and often patients who are ready for transfer to intensive care or a step-down unit must stay in recovery because no appropriate bed is available. Even at night, the recovery room can be full of activity.

"Most of the patients at night have had long, intense procedures," says Corrine Powers, R.N., night nurse. "We have to monitor them constantly and sometimes adjust their intravenous drugs from moment to moment. Our busiest time is between 4 and 8 a.m., when patients are waking up and we're getting them ready to return to another unit. Most patients aren't here very long, but we develop a quick, very special rapport with them."

Several efforts to enhance recovery room operations are being investigated by Surgical Services and Anaesthesia. "We hope to have an additional anesthesia resident in the recovery room during the evening and night, who can help speed up the process of deciding when patients no longer need physiological support or may be transferred to another unit," Sweeney says.

Other plans include joint teaching sessions for nurses and residents and other activities to build on the unit's cooperative spirit.

"Our recovery room nurses are highly motivated practitioners, who meet and exceed the challenges at hand," Gulczynski says. "We're very proud of them."

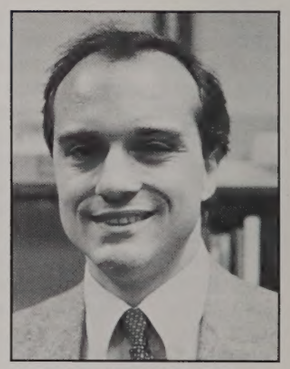
Atwood named medical director of recovery room

Kimball C. Atwood IV, M.D., anesthesiologist, has been appointed medical director of the recovery room. He will have a major influence on the clinical management of the unit, contributing to the collaboration between anesthesiologists, surgeons, nurses, and other health care professionals that is essential to the unit's operation.

Atwood is a graduate of Hampshire College and Harvard Medical School. He served his internship and residencies in internal medicine and anesthesia at Beth Israel Hospital, as well as clinical fellowships in medicine and anesthesia at Harvard Medical School. Before joining the Deaconess staff in 1986, he was a staff anesthesiologist and codirector of the respiratory/surgical intensive care unit at Beth Israel.

"Our recovery room is an extremely busy, high-intensity, surgical intensive care unit, which happens to provide post-anesthesia care," he says.

"A huge amount of credit for the quality of care given in our recovery room has to go to the nurses, who frequently work under difficult conditions – an undersized room crowded with complicated patients, a kind of controlled chaos. I've been amazed at the intensity of this atmosphere," Atwood says.



Kimball C. Atwood IV, M.D.

Deaconess trustee receives volunteer award

Helen Chin Schlichte, a member of the board of trustees of New England Deaconess Hospital, was recently honored as the recipient of the United Way's Alexis de Tocqueville Society Award. The award recognizes outstanding volunteer service on the local or national level.

Schlichte has a long and distinguished career as a volunteer. One of her major achievements was completion of the South Cove Manor Nursing Home, a non-profit facility for the Chinese community. Along with other volunteers, Schlichte was responsible for the planning, regulatory approval, financing, fundraising, and construction of the $5.5 million project.

"The needy elderly of the Chinese community, many of whom were in hospitals or nursing homes, could not even communicate with the patients in the beds to their right or left," she said in her award acceptance speech. "They couldn't even tell anyone where they hurt, and they had no one to talk to. Now there is a first-rate facility dedicated to taking care of an almost 100 percent Medicaid population—something the entire community can be proud of."

Schlichte currently is assistant to Massachusetts Secretary of Administration Frank Keefe. She also is president of the South Cove Nursing Facilities Foundation; vice president of the United Way of Massachusetts Bay; vice chairperson of School Volunteers for Boston; and vice president of the Greater Boston Council, Boy Scouts of America. She serves as a director of several other community organizations.

As a Deaconess trustee, she serves on the audit committee, tenure committee, and long range planning committee, which she currently chairs.

"Helen's interest, leadership, and participation as a trustee are invaluable," says Roger Perry, senior vice president for External Affairs.

Schlichte says the road from Charlestown (where she was born) and Chinatown to receiving this award is one she never dreamed possible. She credits her mother and family for providing the inspiration and her husband, George, for the day-to-day support.

"My mother taught us about devotion to family and community, the importance of education and of hard work and of sacrifice . . . George encourages me to take chances in whatever I do. He, too, thinks we should always reach for the stars," she said.

Helen Chin Schlichte

NEDH in the news

Deaconess people in the news in the past few months include:

- Herbert Benson, M.D., chief of behavioral medicine, discussed the relaxation response and the Mind/Body Programs on Channel 4's "Nancy Merrill Show."
- Jerome Groopman, M.D., chief of hematology/oncology, was a guest panelist on Channel 4's *AIDS Lifeline.* He also discussed the possibility of developing a vaccine that could treat people already infected with the AIDS virus for the Channel 7 evening news and was interviewed regarding the use of GM-CSF to treat certain types of cancer for the Channel 4 evening news.
- Robert Lees, M.D., chief of peripheral vascular disease, was interviewed for a two-part series on cholesterol that aired on Channel 56's 10 O'Clock News.

Employees continue coming up with "good ideas"

"All the ideas we've received have been excellent—things that would improve the atmosphere for our staff, patients, and visitors. Some have been challenging to implement, but they are all interesting," says Barbara Stank, manager of Building Services and chair of the good ideas subcommittee of the hospital's Guest Relations Committee.

The good ideas subcommittee is looking for any employee ideas that may contribute to greater comfort or convenience for patients, visitors, and employees. All ideas submitted are investigated for feasibility, and several have been or are close to being implemented.

"Two Farr 8 dietitians—Susan Delano and Birgitta Erling—sent in identical suggestions about quieting the 'alarm bell' that sounds when the patient transport elevator is stopped. They noted that the noise was disturbing to both patients and the diet technicians, who work near the elevators," Stank says. "We discovered that the elevator actually was broken; the electric eye that should keep the doors from closing on an object or person in its path didn't work."

Initial repairs were made to the elevator, but the problem recurred. Stank says, "The elevators in the Farr building are a constant problem because they get such heavy use. People get frustrated, and they force the doors open or closed, which causes them to break. Maintenance and Engineering is looking into upgrading them with state-of-the-art equipment and will be informing employees about what the problems are and what they can expect as changes are made.

A few ideas proved impractical to implement. Chaplain William Schuster suggested installing ceiling fans in the chapel, to recirculate the rising warm air. Upon investigation it was discovered that the cost of installing the fans would be too high. An idea from Darryl Brown, Lowry Building receptionist, to reduce the speed limit or install speed bumps on Francis Street and Pilgrim Road, also was not feasible.

"We've found that dealing with the city on traffic matters is very complex," Stank says. "The speed limit can be reduced only to 25 miles per hour, which really isn't slow enough, and speed bumps cannot be installed on a city street because they would be an accident hazard. However, we're continuing to investigate ways of slowing and reducing the flow of traffic in the area, including making Francis Street one-way."

Patricia Whalen, Public Relations, suggested installing a phone line employees could call to hear a recorded message about the daily menu in the cafeteria and coffee shop. "The people in Dietetics thought that was a great idea, and they already have some ideas for adding nutritional tips to the recorded information. A few details about installing the phone line still need to be worked out, but it looks like that idea will be in the works soon," says Stank.

Anyone else with a good idea is encouraged to send it in for consideration. Ideas should be sent—along with the submitter's name, department, and location—to Barbara Stank, Building Services, Deaconess G.

Send in your "good ideas"

Name:_____ Date: _____

Department: _____ Location: _____

Here is my good idea for improving the hospital's guest relations environment:

_____

_____

_____

_____

_____

_____

Please clip and mail to Barbara Stank, Building Services, Deaconess G.

news in brief

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, made presentations on hospital entry into the home infusion therapy market, reimbursement for home nutrition support, and home total parenteral nutrition to the clinical congress of the American Society of Parenteral and Enteral Nutrition. He also spoke on H2 receptor antagonists in parenteral nutrition patients to the American Association of Clinical Critical Care Nurses.

Paul Billings, M.D., Ph.D., internal medicine/genetics, gave surgical grand rounds on genetic aspects of surgical illness at the Faulkner Hospital. He also gave a workshop on medical genetics at Brigham and Women's Hospital.

Andrea Bull-McDonough, M.S., R.D., clinical dietitian, was chosen as one of three "Recognized Young Dietitians of the Year" by the Massachusetts Dietetic Association.

Lawrence Friedman, M.D., general medicine fellow, spoke on medical decision analysis at Maui Memorial Hospital in Hawaii.

Steven R. Goldring, M.D., chief of rheumatology, presented a paper on biologic responses to materials used for total joint replacement to the Orthopedic Research Society.

Janet Hamilton, R.N., M.S., School of Nursing instructor, was selected as a member of the Continuing Education for Nursing advisory council of the Commonwealth of Massachusetts.

Pamela Hartzband, M.D., internal medicine/endocrinology, gave a talk on osteoporosis to the American Medical Women's Association.

Robert A. Kane, M.D., radiologist, was visiting professor at William Beaumont Hospital in Detroit. He also spoke on intraoperative ultrasonography to the Michigan Society of Ultrasound.

Carol Lang, M.S., R.D., acting director of Dietetics, spoke on productivity indicators in clinical nutrition to the dietitians in general clinical practice group of the American Dietetic Association.

Keith Marton, M.D., chief of general medicine, accompanied a group of Harvard Medical Students to the Philippines, where they conducted a public health survey on respiratory illness.

Janice Bell Meisenhelder, R.N., D.N.Sc., clinical nurse researcher, published an article on anxiety as a block to clinical learning in *Nurse Educator.* She also coauthored an article on childbearing over 30, published in *Western Journal of Nursing Research.*

Francis P. Mitrano, M.S., R.Ph., director of operations, Deaconess Home Health Care, spoke on aseptic processes and on pharmaceutical aspects of nutrition support at the clinical congress of the American Society for Parenteral and Enteral Nutrition.

Anthony P. Monaco, M.D., chief of organ transplantation, gave a paper on the induction of suppressor cells in transplantation at a conference on applied immunology, held in Austria. He also delivered lectures on the induction of specific unresponsiveness to tissue allografts at the Institute of Experimental Surgery in Munich, at the Behringwerke Pharmaceutical Company, and at the University of Marburgh, West Germany.

Richard W. Nesto, M.D., cardiologist, gave a presentation on the medical treatment of silent ischemia and coauthored an abstract on a nationwide study of the prevalence of silent ischemia in patients with coronary artery disease at the American College of Caridiology meetings.

Mark Roberts, M.D., general medicine fellow, presented a poster session on the non-value of prophylactic cholecystectomy in diabetes with asymptomatic gallstones at the annual meeting of the American College of Physicians. The program—which was coauthored by **Allan Brett, M.D., Lawrence Friedman, M.D.,** and **Keith Marton, M.D.**—received first prize in national competition.

Paul Sesin, Pharm. D., clinical coordinator of pharmacy services, presented a clinical overview of newer antimicrobial agents at St. Joseph Hospital in Elmira, New York.

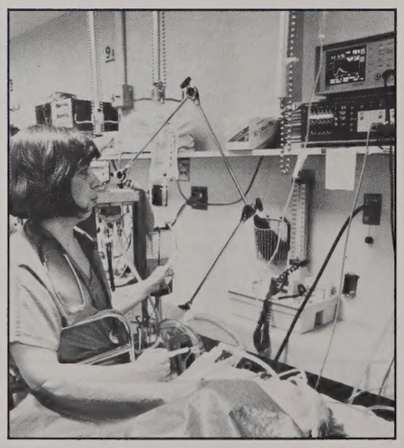
Paul Somoza, senior vice president for Marketing and Planning, has been named president-elect of the New England Society for Healthcare Planning and Marketing, a chapter of the American Hospital Association Society for Healthcare Planning and Marketing.

Michael M. Wick, M.D., Ph.D., dermatologist, received a grant from the National Foundation for Cancer Research for the development of new chemotherapeutic agents that generate free radicals as their mechanism of action. The drugs may be useful in treating melanoma and other skin cancers.

Mark Williams, M.D., nephrologist, has joined the Department of Medicine. A graduate of Indiana School of Medicine, he was an intern and resident at University of Southern California Medical Center and a senior medical resident at Beth Israel Hospital. He also held clinical and research fellowships in nephrology at Beth Israel, where he previously was on staff. His research interests include disorders of potassium and the relation of diet to kidney disease. He is affiliated with the Joslin Diabetes Center renal unit and is an assistant professor at Harvard Medical School.

Mark Williams, M.D.

Recovery room delivers high-intensity care (see page 1)



Christine LaMorte, R.N., recovery room nurse, checks the monitors showing a patient's current condition.

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